U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9967	2. Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name, file number and address of labor organization	
Name Gerald T Couser	Name Bollermakers Local 197	
	Labor Organization File Number 000-074 025597	
PO Box Bldg Room No if any	P O Box Building and Room Number if any	
Street 2A Fuller Place	Street 890 Third Street	
City Albany	City Albany	
State New York ZIP Code +4 12205	State New York ZIP Code +4 12206	
5 Position in labor organization Bussiness Manager		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction or Income.	
Name		
Trade Name, if any		
PO Box Bldg Room No if any		
Street	7 b Amount.	
City		
State ZIP Code +4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
minerally sens a mineral sens mentil tract context and confiners (desire se	ving documents) has been exemined by the signatory and is, to the best of the	

Name of Person Filing Gerald Couser	File Number U-	
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actrically any part of which consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing directly or included the consists of buying from or selling or leasing the consists of buying from or selling or leasing to or other or of an employee whose employees your labor organization.	wise dealing with the business vely seeking to represent, or firectly to or otherwise	
8 Name and address of Business (including trade name, if any)  Name Northeast Area Apprenticeship Program  Trade Name if any  P O Box Bldg Room No if any  Street 297 Burnside Ave  City East Hartford  State Connecticut ZiP Code + 4 06108  10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name if any:	9 Business deals with    X   a Labor Organization     b Trust     c. Employer    11 a Nature of such dealing     Provide craft/trade training for Boilermaker     Apprentices in the Northeast Area	
P O Box, Bidg Room No. If any  Street  City  State  ZIP Code + 4	11 b. Approximate dollar value of such dealing \$2 594 604  12 a Nature of interest held or income received  Northeast full board meeting and Apprentice Awards Dinner	
	12 b Amount. \$68	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)  Name  Trade Name, if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment.	
13 b Is the Business an Employer or Consultant?	14 b. Amount of payment.	

Name of Person Filing Gerald Couser	File Number 0-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name Northeast Area Apprenticeship Program  Trade Name if any  P O Box Bidg Room No if any  Street 297 Burnside Ave  City East Hartford  State Connecticut ZIP Code + 4 06108	9 Business deals with    X   a Labor Organization     b Trust     c Employer    11 a Nature of such dealing	
Name  Trade Name if any:  P O Box Bldg. Room No if any	Provide craft/trade training for Boilermaker Apprentices in the Northeast Area	
City ZIP Code + 4	11 b Approximate dollar value of such dealing \$2 594 604  12 a Nature of interest held or income received  Northeast full board meeting and Apprentice Dinner	
	12 b Amount \$45	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	14 a. Nature of payment.	
13 b is the Rusiness an Employer or Consultant ?	14 b Amount of payment.	